

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

1407

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

391

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
Specify whether  
In this community unimpaired  
years, months or days)

3. (a) PRINT FULL NAME George Wren

3. (b) If veteran, no name war  
3. (c) Social Security none No.

5. Color of black  
6. (a) Single, widowed, married, married  
divorced

(b) Name of husband or wife Mellie Wren  
6. (c) Age of husband or wife if  
alive 72 years

7. Birth date of deceased Dec 12, 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 21  
If less than one day  
hr. min.

9. Birthplace Marcellins Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Insurance

11. Industry or business insurance writer

12. Name Washington Wren

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Paine

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lowie W. Wren

(b) Address 3505 E 25 - K.C. Mo.

17. (a) Removal Burial (b) Date thereof 1-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director Melody McGilley

(b) Address K.C. Mo

19. (a) 1/25/43 (b) W. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 414 West 12th St. Terrace  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd  
year 1943 hour 8 minute 46 P. M.

21. I hereby certify that I attended the deceased from  
1-21-43 to 1-23-43  
that I last saw him alive on 1-23-43  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Fracture of right femur caused by  
accidental fall in home  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
1660  
10

Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Acc 123  
(b) Date of occurrence  
(c) Where did injury occur? K.C. Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place)  
While at work (e) Means of injury Fall  
23. Signature Wm. B. Thorne (M.D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address. *Kc mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**